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CONFIRMATION NO. 2099

<b>SERIAL NUMBER</b> 10/521,423	<b>FILING OR 371(c) DATE</b> 01/18/2006 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1642	<b>ATTORNEY DOCKET NO.</b> RLL-273US
<b>APPLICANTS</b> Shashikanth Isloor, Karnataka, INDIA; Shishir Bhand, Madhya Pradesh, INDIA; Sunilendu Bhushan, Maharashtra, INDIA; Rajiv Malik, Wein, AUSTRIA;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/IB03/02817 07/16/2003				
<b>** FOREIGN APPLICATIONS *****</b> INDIA 753/DEL/2002 07/16/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> INDIA	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 54
<b>INDEPENDENT CLAIMS</b> 4				
<b>ADDRESS</b> 26815				
<b>TITLE</b> Dispersible tablet for oral administration				
<b>FILING FEE RECEIVED</b> 2980	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	